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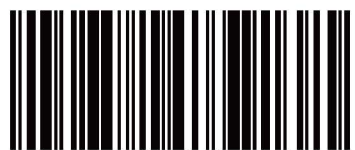
145th 周年 Anniversary

香港大學秀圃老年研究中心
Sau Po Centre on Ageing
The University of Hong Kong

Evaluation of the Effectiveness of a Volunteer-Assist Self-Help Intervention in Enhancing the Spiritual Well-Being of Elders

2015

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Abbreviations

app	Mobile application
CG	Control group
DECC	District elderly community center
EG	Experimental group
NEC	Neighbourhood elderly center
RWE	Relationship with environment
RWF	Relationship with family
RWO	Relationship with others
RWS	Relationship with self
SEGCE	Spirituality enhancement group for Chinese elders
SPM	Spirituality process model
SSCE	Spirituality Scale for Chinese Elders
STE	Supporting teams for the elderly
SWB	Spiritual well-being
TWGHs	Tung Wah Group of Hospitals
VASI	Volunteer-Assist Self-Help Intervention
MOL	Meaning of life
TRANS	Transcendence

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I. Introduction

This report is an evaluation of the effectiveness of Volunteer-Assist Self-Help Intervention (VASI) in enhancing the spiritual well-being of older adults living in the community. It also reports the process of developing a mobile application for the enhancement of spiritual well-being. The development of VASI and the mobile application was based on a series of studies conducted since 2009 on spiritual well-being among Chinese elders. Under the two-year project "Study on Assessing and Enhancing Spirituality among Elders Living in Residential Homes in Hong Kong and Shanghai," a conceptual framework, Spirituality Process Model (SPM), a Spirituality Scale for Chinese Elders (SSCE), and a therapeutic intervention protocol, Spirituality Enhancement Group for Chinese Elders (SEGCE), have been developed. Guided by the SPM framework, a SEGCE intervention manual and the self-help manual *Fu Le Man Xin Ba Duan Jin*「福樂滿心八『鍛』錦」were developed and published in 2012. In 2014, TWGHs further supported a one-year project, "Evaluation of the Effectiveness of Intervention in Enhancing the Spirituality of Elders Living in Hong Kong," upon which this report is based.

The report first describes the rationale for developing VASI in the Hong Kong context. The effectiveness of VASI, determined by formative and outcome evaluation, is then reported. A brief description of program design and the technical specifications of the mobile application (hereafter, app)follows. Finally, we discuss policy and program implications.

II. Rationale

The rising number of unengaged or hidden elderly is increasingly drawing urgent attention from social care and services in community and care institutions in Hong Kong (Chung & Chung, 2013). Approximately 10.8% of the older adults assessed by the community statistics survey were unengaged or hidden (Centre for Integrative Digital Health, 2008). The study of the Central Policy Unit offers a definition of hidden elderly: "a vulnerable population with a network deficit stemming from their weak connections with family, friends, and the community on one hand, and insufficient formal service networks on the other" (Central Policy Unit, 2008). Without adequate support and resources, they are at higher risk of depression, loneliness, and other psychological, emotional, or behavioral problems (Cheng, Lee, Chan, Leung, & Lee, 2009; Lai, 2009). Spirituality is considered an important coping resource used by vulnerable people experiencing life crises, such as chronic illness or cancers, and those facing the end stage of life (Mauk & Schmidt, 2004; Vachon, Fillion, & Achille, 2009; Wallace & O'Shea, 2007; Wright, 2006). Based on previous studies on spiritual well-being among Chinese older adults, we assume that

this group of hidden or disengaged older adults could benefit from a spiritual enhancement intervention we have developed (Lou et al., 2012). The challenge is to engage them despite the fact that they prefer to be "disengaged," acting as passive and selective help-seekers when help is needed (Commission on Poverty, 2007; Lamb, Bower, Rogers, Dowrick, & Gask, 2011).

With the aim of engaging hidden or disengaged older adults in order to minimize risks and enhance the meaning of their social life, the Hong Kong government is supporting outreach services to identify and support them (Central Policy Unit, 2008). Supporting teams for the elderly (STE) were established in district elderly community centers (DECC) to coordinate outreach services, often led by a social worker and supported by volunteers. We then purposefully designed the Volunteer-Assist Self-Help Intervention (VASI) to target this group of hidden older adults for enhancing their spiritual well-being. We built on the strengths of the STE and enhanced it by introducing a structured intervention based on the self-help manual *Fu Le Man Xin Ba Duan Jin* (「福樂滿心八『鍛』錦」) to enhance spiritual well-being. In order to manage STE services, DECCs often recruit volunteers, provide training, coordinate home visits, and offer support to volunteers and hidden older adults throughout the process. It is thought that mutual help among older adults is effective in engaging those who are hidden (Mok, Cheung, & Cheung, 2006). We believed that by introducing a standardized evidence-based self-help manual (i.e., *Fu Le Man Xin Ba Duan Jin*「福樂滿心八『鍛』錦」) on spiritual enhancement, hidden older adults and volunteers could both benefit from the empowering process, which is believed to bring improvement in self-perception, self-efficacy, and life satisfaction among participants (Mok et al., 2006).

In order to proactively respond to the population aging in future, the Hong Kong government initiated a project to modernize the facilities of all DECCs from early 2003 (Social Welfare Department, 2003). One key concern under this initiative is to enhance the capacities of DECCs to promote healthy and active aging, and at the same time minimize the digital divide among future generations of older adults, who will be more educated and have higher technological competence (WHO, 2012). A substantial body of research reveals that life-long learning is highly associated with enhanced self-reliance, self-sufficiency, and coping strategies to deal with challenges related to healthy and active aging (Ardelt, 2000; Narushima, 2008; Tam, 2011; Withnall, 2006; Wolf, 2009). In the past decade, the use of technology in learning is an emerging area that is argued to have the potential to benefit a broader range of elders among the young old population (Boulton-Lewis, Buys, & Lovie-Kitchin, 2006; Buys et al., 2005; Stadler & Teaster, 2002). We therefore worked to develop a mobile application based on the printed version of the self-help manual.

In sum, VASI was purposefully designed based on the strengths of STE and on theoretical and empirical evidence of spiritual well-being enhancement among Chinese elders. The mobile application development is an innovative trial to explore possibilities of integrating technology and life-long learning for comparatively young and educated older generations. As such, this report aims:

- To evaluate the effectiveness of VASI in enhancing the spiritual well-being of Chinese elders; and
- To describe the development of an innovative and feasible mobile app of a self-help manual for elders.

III. Effectiveness of VASI

A mixed-method approach was adopted to evaluate the VASI program for spirituality enhancement. A quasi-experimental design was adopted to evaluate the effectiveness of VASI in enhancing spiritual well-being as a primary outcome. Focus group interviews were conducted among elderly participants, volunteers, and interventionists for a formative evaluation.

3.1 Sample

Quantitative evaluation participants assigned to experimental group (EG) or control group (CG) for VASI were recruited from 11 subvented District Elderly Community Centres (DECC), Neighbourhood Elderly Centres (NEC), and Care and Attention Homes run by TWGHs (Table 1). The inclusion and exclusion criteria for elderly participants were listed in Table 2. Figure 1 outlines the process of evaluation.

Table 1 Participant distribution in EG and CG

EG	No. of participants	CG	No. of participants
WTSWDECC	39	FYWNEC	11
WCTDECC	20	FSYNEC	28
FSCDECC	22	WLMTNEC	18
WKLNEC	8	WKLNEC	10
PWSNEC	8	WSCCE	8
		FWWTHE	8
		PCCYHE	8
Total	97		91

Note. WTSWDECC: Wilson T. S Wang District Elderly Community Centre, WCTDECC: Wong Cho Tong District Elderly Community Centre, FSCDECC: Fong Shu Chuen District Elderly Community Centre, WKLNEC: Wu Ki Lim Neighbourhood Elderly Centre, PWSNEC: Pong Wing Shiu Neighbourhood Elderly Centre, FYWNEC: Fong Yun Wah Neighbourhood Elderly Centre, FSYNEC: Fong Shiu Yee Neighbourhood Elderly Centre, WLMTNEC: Mrs. Wang Li Ming Tzun Tsuen Wan Neighbourhood Elderly Centre, WSCCE: Wong Shiu Ching Centre for the Elderly, FWWTHE: Fong Wong Woon Tei Home for the Elderly, PCCYHE: Po Chung Chuen Ying Home for the Elderly.

Table 2 Inclusion and exclusion criteria for elderly participants

Elderly participant	Inclusion criteria	Exclusion criteria
Community dwelling	a) Literate; b) Aged 50 or above; c) Able to understand and communicate in Cantonese; d) SSCE score ranged between 33–66% percentile; and e) Voluntary participation.	a) Illiterate; b) Aged below 50; c) Unable to communicate in Cantonese; d) SSCE score ranged below 33% or above 66% percentile; or e) Reject to participate.
Long-term care facility resident	a) Literate; b) Aged 60 or above; c) Able to understand and communicate in Cantonese; d) SSCE score ranged between 33–66% percentile; and e) Voluntary participation.	a) Illiterate; b) Aged below 60; c) Unable to communicate in Cantonese; d) SSCE score ranged below 33% or above 66% percentile; or e) Reject to participate.

Figure 1 The flow of VASI evaluation study
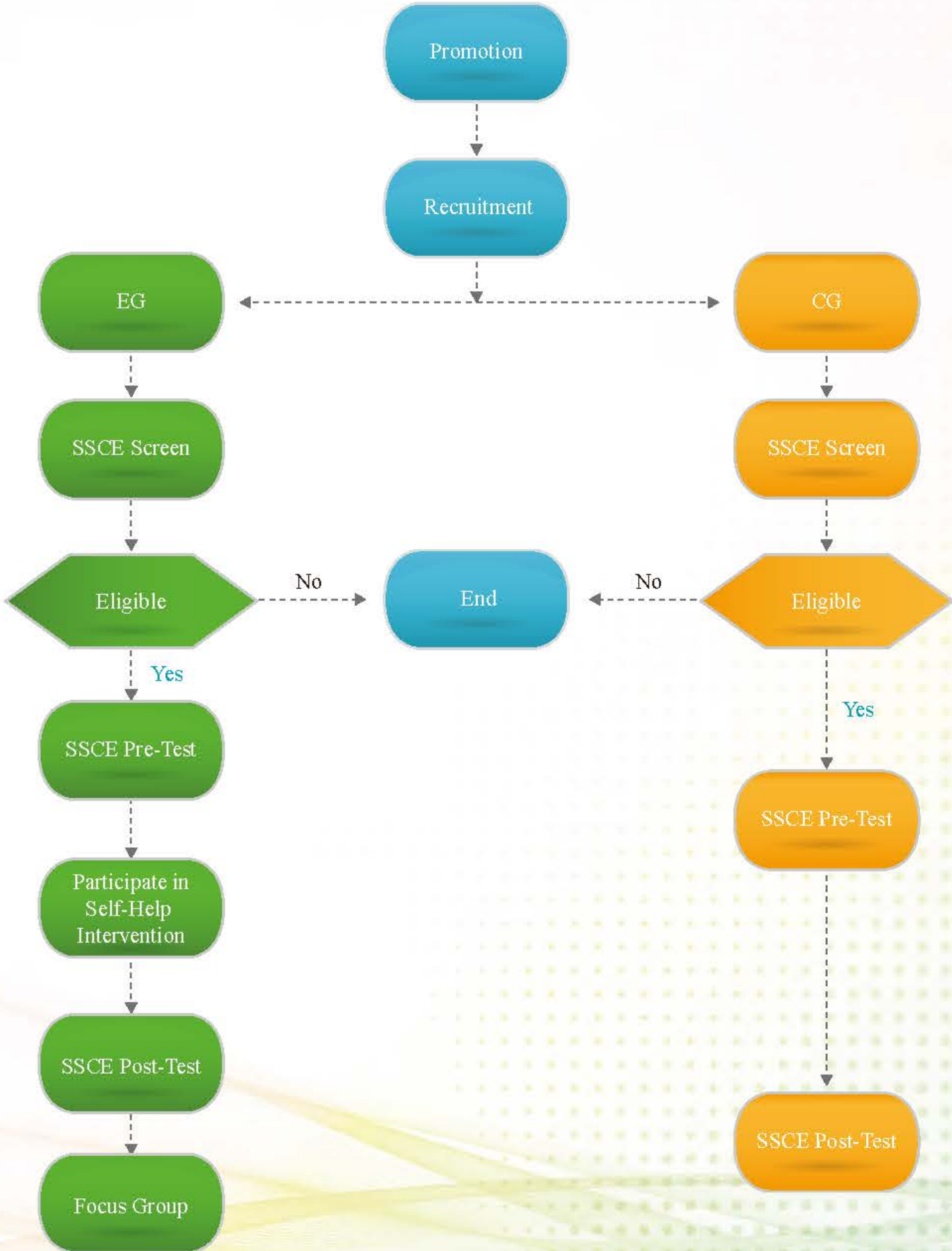
A total of 188 older adults were recruited, 38 of whom did not fulfill the eligibility criteria. Among the 150 eligible participants, 65 were assigned to the EG and 85 to the CG. As shown in Table 3, the majority of the participants were female, aged 70 or above, literate and widowed. In the two weeks prior to interview, more than 45% lived alone, and neither their families nor volunteers visited them. Nearly 50% of the participants stated that they felt lonely "often" or "always." Nine eligible participants dropped out during the intervention due to admission to hospital or insufficient motivation. Ultimately, 141 elderly participants successfully completed the intervention, 61 in EG and 80 in CG. The dropout rate was 6%.

Table 3 Demographics of eligible elders in EG and CG

	Freq. (%)	
	EG (n=65)	CG (n=85)
Age		
60–70	7 (10.77)	16 (18.82)
71–80	29 (44.62)	34 (40.00)
81–90	26 (40.00)	29 (34.12)
>90	3 (4.62)	6 (7.06)
Gender		
Male	12 (18.46)	17 (20.00)
Female	53 (81.54)	68 (80.00)
Education		
No schooling	14 (24.62)	30 (35.29)
Primary	33 (50.77)	26 (30.59)
Secondary	16 (24.62)	25 (29.41)
Tertiary or above	2 (3.08)	4 (4.71)
Marital status		
Married	23 (35.38)	26 (30.59)
Widowed	39 (60.00)	48 (56.47)
Never	2 (3.08)	3 (3.53)
Living environment		
Alone	33 (50.77)	42 (49.41)
Visits from families/volunteers		
None	29 (44.62)	41 (48.24)
Health status		
Very poor/Poor	12 (18.46)	11 (12.94)
Normal	38 (58.46)	59 (69.41)
Good/Very good	15 (23.08)	15 (17.65)
Loneliness		
Always/Often	41 (63.08)	40 (47.06)
Sometimes	18 (27.69)	34 (40.00)
Seldom/Never	6 (9.23)	11 (12.94)

Seventy-two volunteers were recruited through five DECCs and NECs (Table 4), of whom 70 successfully completed the standardized training led by social workers, who had received two days' training from the researchers. During the training period, eight volunteers dropped out due to tight schedules or lack of motivation. Sixty-two volunteers successfully completed the training to deliver VASI. As shown in Table 5, over half of them were female, aged under 80, literate, and married; 63% rated their health as "Good" or "Very good." All of them had voluntary experience with older adults prior to the VASI program; 43% had served as volunteers for more than five years.

Table 4 Volunteer distribution in EG

EG	No. trained (n=70)	No. who completed (n=62)
WTSWDECC	41	37
WCTDECC	12	12
FSCDECC	8	5
WKLNEC	3	3
PWSNEC	6	5

Table 5 Demographics of volunteers (n=62)

	Freq. (%)
Age	
<70	25 (40.32)
71–80	21 (33.87)
81–90	8 (12.90)
Gender	
Male	10 (16.13)
Female	52 (83.87)
Marital status	
Married	30 (48.39)
Widowed	18 (29.03)
Never	9 (14.52)
Education	
No schooling	7 (11.29)
Primary	29 (46.77)
Secondary	23 (37.10)
Tertiary or above	1 (1.61)
Health status	
Poor/Very poor	5 (8.6)
Normal	15 (24.19)
Good/Very good	39 (62.9)
Years of volunteering	
1–5	25 (40.32)
6–10	13 (20.97)
>10	14 (22.58)

Focus group participants were recruited from three key stakeholders. A total of 29 people participated in three focus groups, include 8 from interventionists; 9 from volunteers; and 12 from participants. All interventionists were invited to fill in a detailed self-reflection form to consolidate their experiences, best practices, and challenges encountered.

3.2 Procedure

Participating service units helped to recruit potential participants and volunteers. After obtaining verbal consent, potential participants were further screened by trained social workers using SSCE short-version to verify their eligibility. Eligible participants assigned to the EG were first invited to complete pre-assessment conducted by a trained assistant (T1); and paired up with trained volunteers at a ratio of 4:1. The volunteers facilitated participants to use the self-help manual *Fu Le Man Xin Ba Duan Jin* over a period of two months, followed by a post-assessment (T2). The participants in the CG were invited to complete pre- and post-assessment (T1 and T2) without any intervention.

The intervention was conducted from September to December 2014 in different centers. VASI was delivered in two modes based on preference and feasibility of the center, volunteers and participants. The first mode was delivered via four to six home visits by volunteers. Often, two volunteers paid visits together. During each visit, volunteers guided the participant to go through one or two chapters of the self-help manual, depending on the participant's health and mood conditions. The second mode was delivered at social service centers in a small group setting. Often, one volunteer was paired with one participant and they went through one or two chapters of the self-help manual together. In both modes, volunteers and participants decided the pace and focus of the "learning" each time they met, which reflected a principle of respect for the participants' choices and preferences during the self-help process.

Focus groups for VASI participants, volunteers, and interventionists were conducted after completing the intervention. Eleven participants aged 70 to 89, five volunteers aged 62 to 71, and nine interventionists took part.

3.3 Measures

Spirituality Scale for Chinese Elders (SSCE)

The long version of the SSCE scale contains 44 items that aim to measure seven key components of spirituality: spiritual well-being (SWB), meaning of life (MOL), transcendence (Trans), relationship with self (RWS), relationship with family (RWF), relationship with others (RWO), and relationship with environment (RWE) (Appendix I). For the eight items under the domain of SWB, respondents were asked to rate on a 5-point Likert scale (ranging from "never" to "a great deal"). For all other items, respondents were asked to response on a 5-point Likert scale (ranging from "not at all" to "all the time"). The score was computed by summing the corresponding items, a higher score indicating a higher level of spiritual well-being.

A 19-item short version of SSCE was employed for eligibility screening (Appendix II), which comprises the three domains of SWB, MOL, and Trans. According to percentile scores generated based on previous studies, older adults whose SSCE brief score belongs to the 33–66% percentile group were regarded as eligible for the present study.

User Satisfaction

VASI participants were assessed for their satisfaction with the program. The scale ranged from 1 ("very dissatisfied") to 10 ("very satisfied").

Demographic Characteristics

Demographic measures included age, gender, marital status, highest educational attainment, living arrangements, self-rated health (from "very poor" to "very good"), sense of loneliness (from "never" to "always"), and global life satisfaction (from "very satisfied" to "very dissatisfied").

Focus Group Guidelines

Focus groups were guided by semi-structured discussion guidelines developed separately for participants, volunteers, and interventionists. Four prompts were developed for the participants: 1) Please share your experiences of learning how to use the self-help manual; 2) Please share your evaluation of the learning experience; 3) Please share the impacts of participating in the program on the companionship of the volunteers; and 4) What are the merits of the program that you believe are worth introducing to peers? Three prompts were developed for the volunteers: 1) Please share your experiences of participating in the program; 2) Please share the impacts of participating in the program on your daily life and the elderly participants you paired with; and 3) What are the merits of the program that you believe are worth introducing to peers? Four prompts were developed for the interventionists: 1) Please share your experiences of the extent to which the intervention achieved its goal; 2) Please share your experiences of leading the program; 3) Please share your observations on the impact on the volunteers and elderly participants who took part in the program; and 4) Please share your evaluation of the program concerning good practice and ways to improve it.

3.4 Capacity building for interventionists

Prior to the commencement of the program, two-day staff training was conducted by the research team in early August 2014. The first day of training concentrated on the conceptual framework of spirituality, the SPM, and the application of SSCE. The second day focused on sharing the intervention framework, contents of the self-help manual, "training the trainer" protocol for volunteers, research arrangement for the outcome evaluation study, and generating practice wisdom. Fourteen interventionists from 11 elderly service units participated.

3.5 Training for volunteers

Standardized training materials were purposefully developed to enhance the competence of volunteers to provide assistance in the implementation of VASI. The contents of the training focuses on the following three themes: 1) volunteers are guided to go through the self-help manual (i.e., *Fu Le Man Xin Ba Duan Jin* 「福樂滿心八『鍛』錦」); 2) volunteers are equipped with values, knowledge, and skills to provide assistance to participants working through the self-help manual; and 3) volunteers are provided with chances to share good practices in handling challenges and difficulties in implementing VASI. Multiple means were designed for interventionists to conduct training, including mini-lecture, video reviewing, role-play, discussion, feedback session, and questions and answers, etc. The volunteer training and the VASI intervention schedule were often integrated in order to achieve optimal impacts and support of the intervention. Two typical modes of integration are illustrated in Table 6.

Table 6 Two modes of VASI implementation

	Consecutive mode	Periodic mode
1.	· The concept of spirituality · Go through Chapter 1–4 of the self-help manual · Role-play and discussion	· The concept of spirituality · Go through Chapter 1–2 of the self-help manual · Role-play and discussion
2.	· Go through Chapter 4–8 of the self-help manual · Role-play and discussion	· **1st home visit**
3.	· **1st–4th home visit**	· Review 1st home visit experience · Go through Chapter 3–4 of the self-help manual · Role-play and discussion
4.	· Review home visits and sharing	· **2nd home visit**
5.		· Review 2nd home visit experience
6.		· Go through Chapter 5–6 of the self-help manual · Role-play and discussion · Volunteer sharing session I
7.		· **3rd home visit**
8.		· Review 3rd home visit · Go through Chapter 7–8 of the self-help manual · Role-play and discussion
9.		· **4th home visit**
10.		· Volunteer sharing session II

3.6 Findings

The findings are illustrated in four parts. First, the effectiveness of VASI in enhancing the spiritual well-being of participants based on quantitative analysis is reported. The second part manifests the effectiveness of VASI based on focus group discussion of elderly participants. The third part highlights the constructive gains shared by volunteers on top of the focus group discussion. Lastly, interventionists' reflections on the strengths and limitations of VASI are presented by the focus group and self reflection.

The effectiveness of VASI based on quantitative evaluation

Compared with CG, EG participants showed significant positive changes (Table 7), in particular in the domains of SWB (F=6.98, p<.01) (Figure 2), MOL (F=12.13, p<.01) (Figure 3), Trans (F=7.46, p<.01) (Figure 4), RWF (F=26.36, p<.001) (Figure 5), RWO (F=11.32, p<.01) (Figure 6), RWE (F=6.26, p<.05) (Figure 7), and total SSCE (F=23.02, p<.001) (Figure 8). Changes in the domain of RWS were positive but not significant.

Table 7 Changes in SSCE scores of eligible elders in EG and CG

Measure	Mean (SD)				F1 (T1, T2)	F2 (Time*Group)
	EG (n=61)		CG (n=80)			
	T1	T2	T1	T2		
SWB	31.92 (4.53)	35.10 (4.50)	32.41 (4.77)	33.28 (5.04)	**21.23***	**6.98**
MOL	18.79 (3.46)	20.74 (4.29)	19.48 (3.37)	19.38 (3.54)	**9.88**	**12.13**
Trans	20.60 (3.89)	23.31 (5.30)	21.05 (3.65)	21.98 (3.77)	**31.00***	**7.46**
RWS	15.69 (2.74)	16.89 (2.73)	15.79 (2.54)	16.31 (2.93)	**14.01***	2.13
RWF	29.30 (4.97)	32.67 (6.00)	30.66 (6.17)	30.41 (6.15)	**19.59***	**26.36***
RWO	25.07 (3.67)	27.84 (4.67)	26.56 (3.37)	27.00 (3.69)	**21.41***	**11.32**
RWE	23.28 (3.04)	25.05 (4.17)	23.68 (2.84)	23.96 (3.18)	**12.05**	**6.26***
Total	148.95 (15.77)	164.70 (22.45)	153.84 (17.41)	156.00 (18.42)	**39.99***	**23.02***

Note. F1 was the F-ratio of the repeated measure of change from T1 to T2, and its significance level under the alpha level of .05, including p*<.05, p**<.01, and p***<.001. F2 was the F-ratio of the interaction effect between Time*Group and its significance level.
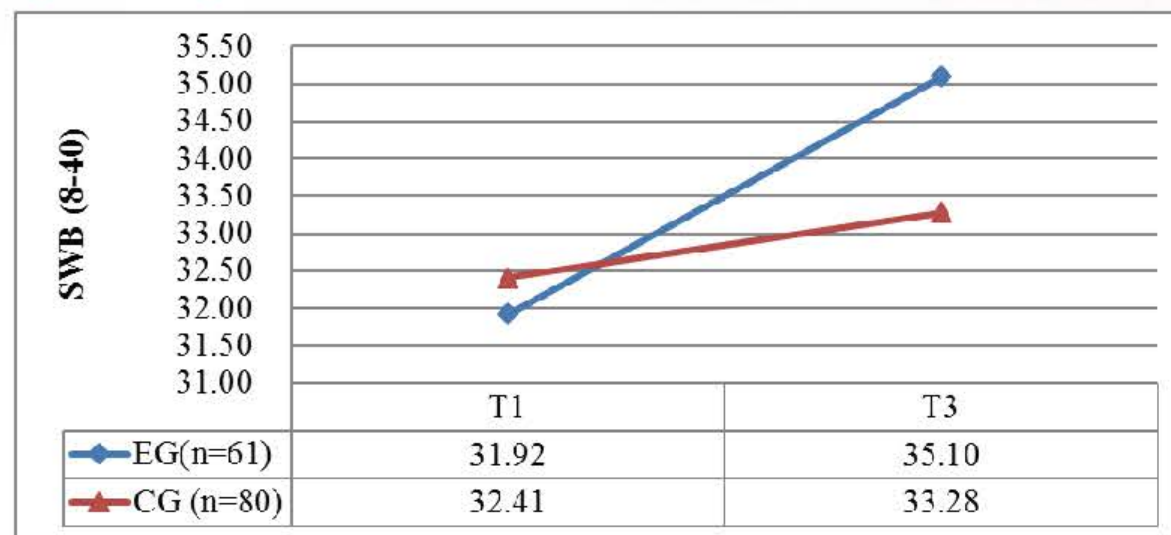
Figure 2 Change in SWB scores in EG and CG

	T1	T3
EG(n=61)	31.92	35.10
CG (n=80)	32.41	33.28

Figure 5 Change in RWF scores in EG and CG

	T1	T3
EG(n=61)	29.30	32.67
CG (n=80)	30.66	30.41

Figure 3 Change in MOL scores in EG and CG

	T1	T3
EG(n=61)	18.79	20.74
CG (n=80)	19.48	19.38
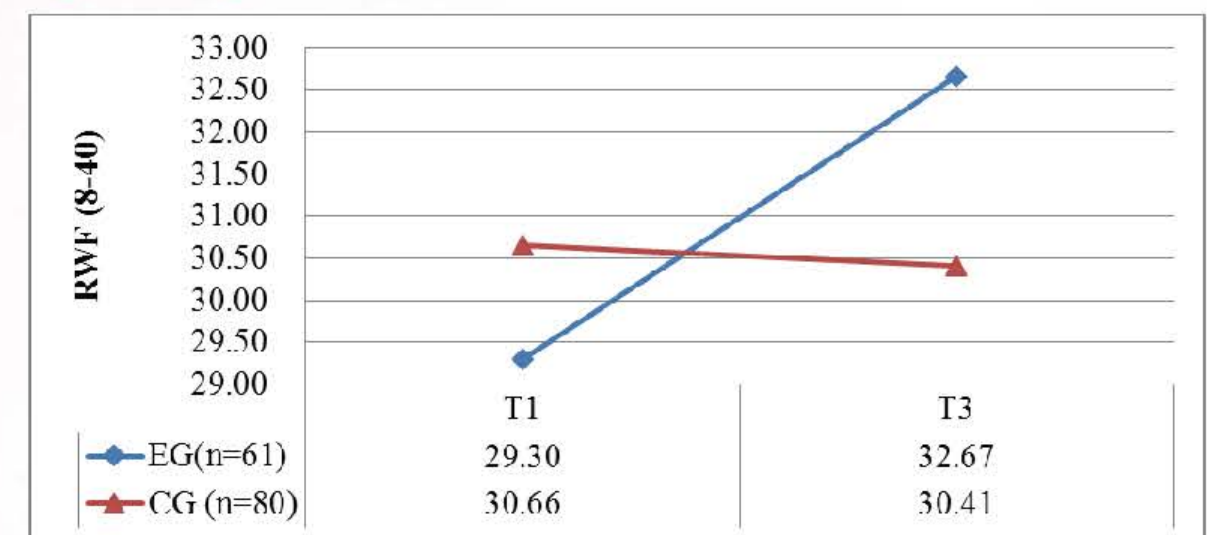
Figure 6 Change in RWO scores in EG and CG

	T1	T3
EG(n=61)	25.07	27.84
CG (n=80)	26.56	27.00

Figure 4 Change in Tans scores in EG and CG

	T1	T3
EG(n=61)	20.60	23.31
CG (n=80)	21.05	21.98
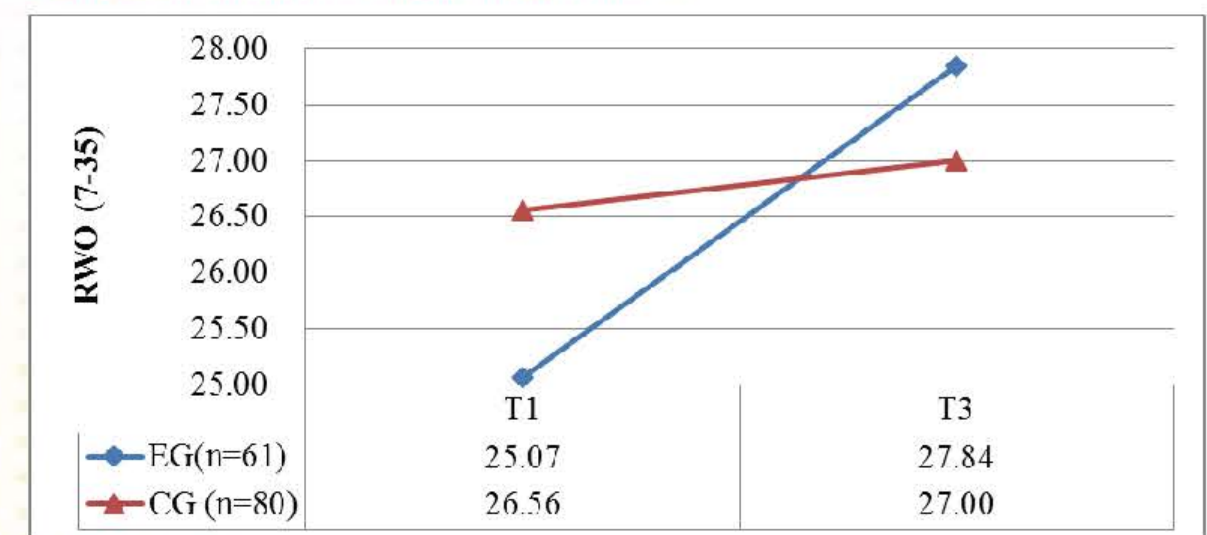
Figure 7 Change in RWE scores in EG and CG

	T1	T3
EG(n=61)	23.28	25.05
CG (n=80)	23.68	23.96
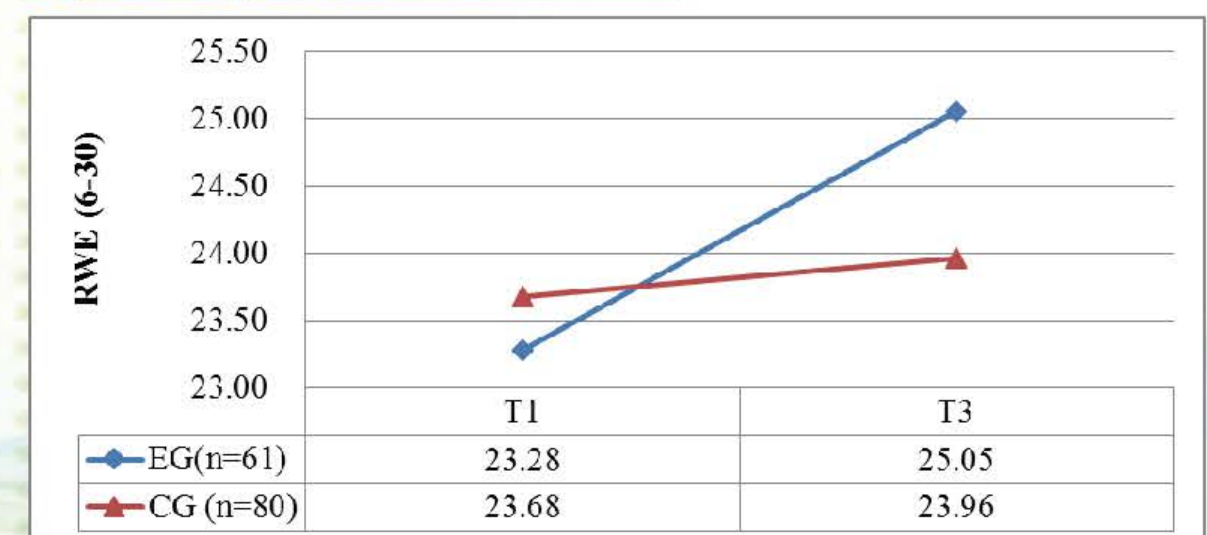
Figure 8 Change in total SSCE scores in EG and CG

	T1	T3
EG(n–61)	148.95	164.70
CG (n=80)	153.84	156.00
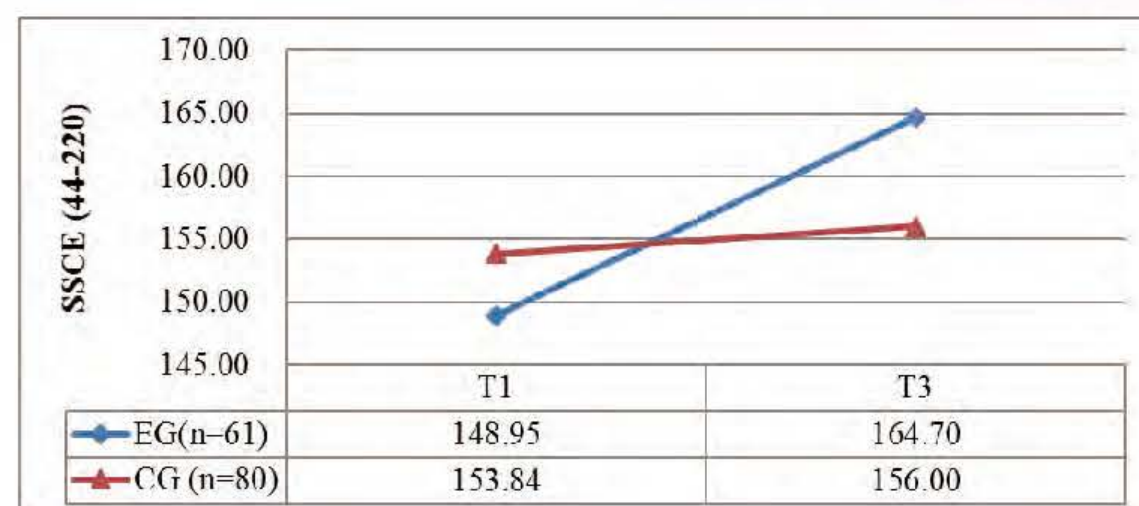
Subgroup analyses were conducted to identify who benefits the most from VASI. Focus was put on two variables: sense of loneliness and self-rated health. As shown in Tables 8 and 9, VASI participants who frequently felt a sense of loneliness (scored 4 'often' or 5 'always' on a 5-point Likert scale) before the intervention showed the most significant improvement in the domain of RWO; VASI participants who self-reported poorer health status (scored 1 'very poor' or 2 'poor' on a 5-point Likert scale) at the baseline achieved more significant enhancements in the domain of SWB and RWE (Figures 9–11).

Table 8 Group comparison of SSCE scores for VASI participants with a frequent or infrequent sense of loneliness before and after the intervention

Measure	Frequently felt lonely Mean (SD)		Infrequent felt lonely Mean (SD)		F (Time*Loneness)
	T1	T2	T1	T2	
SWB	33.28	36.05	29.50	33.41	0.74
	(4.22)	(4.15)	(4.11)	(4.67)	
MOL	19.15	21.46	18.14	19.45	1.12
	(3.45)	(3.81)	(3.47)	(4.85)	
Trans	20.74	24.03	20.36	22.05	2.21
	(4.29)	(5.07)	(3.14)	(5.58)	
RWS	16.13	17.31	14.91	16.14	0.00
	(2.89)	(2.43)	(2.33)	(3.12)	
RWF	30.18	34.10	27.73	30.14	1.67
	(4.96)	(5.32)	(4.71)	(5.29)	
RWO	24.82	28.74	25.50	26.23	6.58*
	(4.04)	(3.51)	(2.96)	(5.99)	
RWE	23.59	25.33	22.72	24.55	0.01
	(3.02)	(4.07)	(3.07)	(4.37)	
Total	151.77	169.72	143.95	155.82	1.57
	(16.38)	(20.62)	(13.56)	(23.26)	

Note. F1 was the F-ratio of the interaction effect between Time*Loneness and its significance level under the alpha level of .05, including p*<.05.

Table 9 Group comparison of SSCE scores for VASI participants with poor or good health status before and after the intervention

Measure	Poor health Mean (SD)		Good health Mean (SD)		F (Time*Health)
	T1	T2	T1	T2	
SWB	31.25	35.09	34.14	35.14	3.66[a]
	(4.61)	(4.54)	(3.57)	(4.50)	
MOL	18.60	20.49	19.43	21.57	0.05
	(3.56)	(4.40)	(3.16)	(3.92)	
Trans	20.38	23.45	21.36	22.86	1.60
	(4.07)	(5.37)	(3.23)	(5.25)	
RWS	15.55	16.83	16.14	17.07	0.16
	(2.53)	(2.81)	(3.44)	(2.56)	
RWF	29.13	32.43	29.86	33.50	0.07
	(4.85)	(5.40)	(5.52)	(6.38)	
RWO	24.62	27.60	26.57	28.64	0.37
	(3.52)	(5.02)	(3.92)	(3.27)	
RWE	22.83	25.17	24.79	24.64	4.72*
	(2.90)	(3.97)	(3.12)	(4.89)	
Total	146.81	164.21	156.14	166.36	1.68
	(15.03)	(22.27)	(23.79)	(23.79)	

Note. F1 was the F-ratio of the interaction effect between Time*Health and its significance level under the alpha level of .05, including pa<.01 and p*<.05.

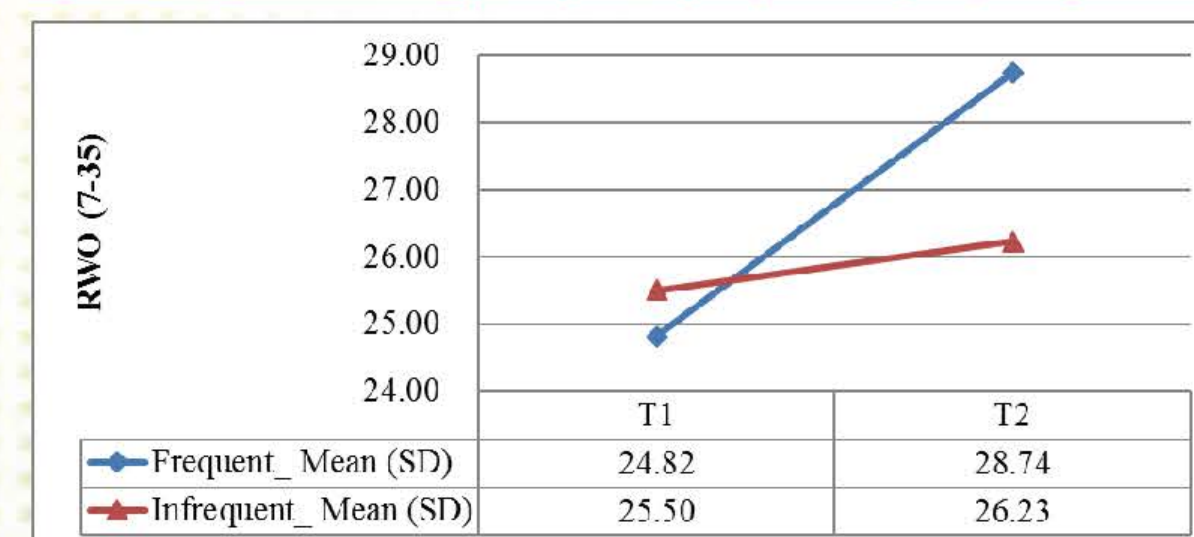Figure 9 Change in RWO among participants frequently or infrequently feeling loneliness

	T1	T2
Frequent_ Mean (SD)	24.82	28.74
Infrequent_ Mean (SD)	25.50	26.23

Figure 10 Change in SWB among participants with poor or good health status

SWB (8-40)	1	2
Poor_ Mean (SD)	31.25	35.09
Good_ Mean (SD)	34.14	35.14
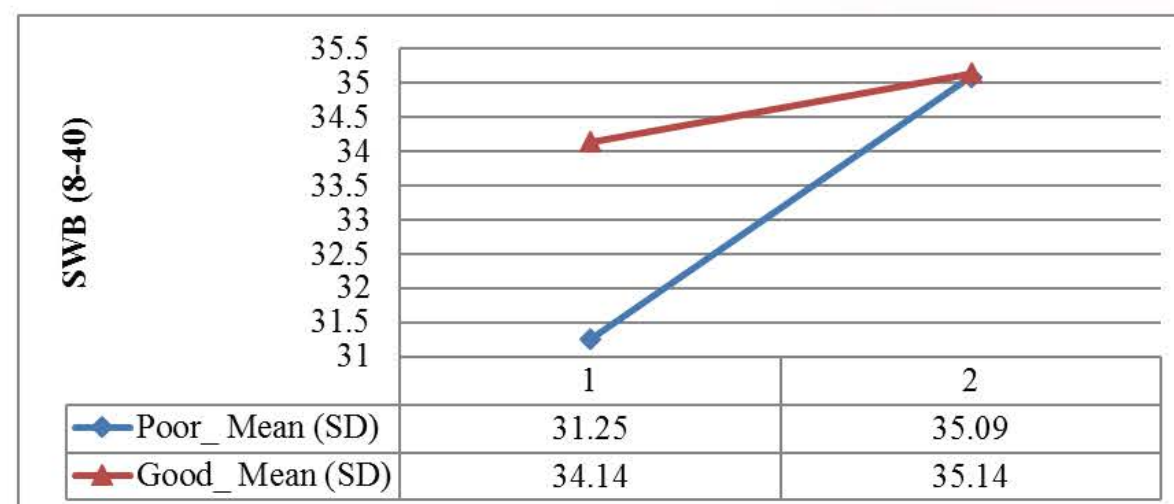
Figure 11 Change in RWE among participants with poor or good health status

RWE (6-30)	T1	T2
Poor_ Mean (SD)	22.83	25.17
Good_ Mean (SD)	24.79	24.64
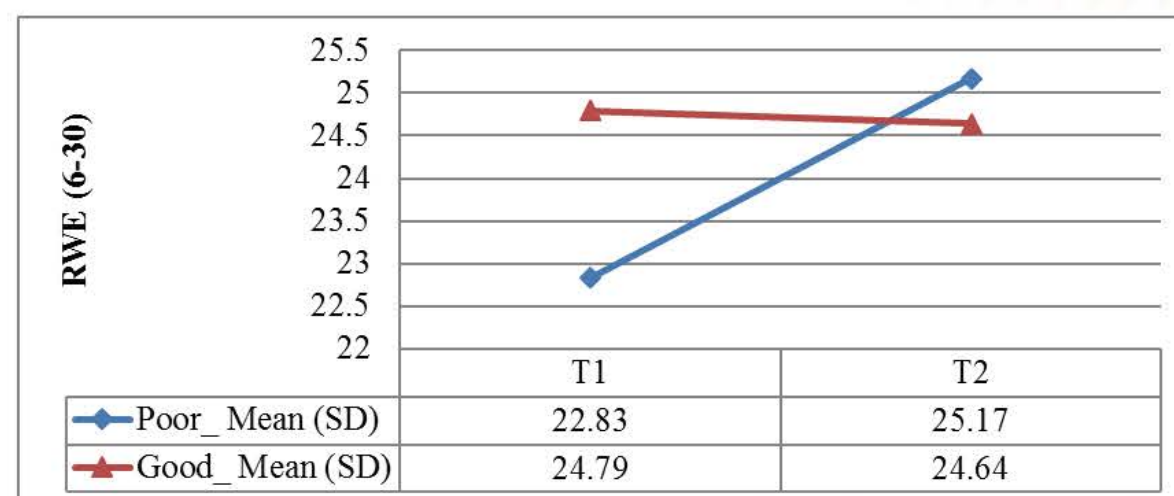
In sum, findings based on quantitative analyses showed that compared with CG participants, the VASI intervention was effective in enhancing the spiritual well-being, meaning of life, transcendence, and relationships for EG participants. In particular, EG participants who reported a frequent sense of loneliness and poorer health status at the baseline achieved optimal positive change after the intervention.

Findings from the focus group discussion were consistent with and complemented the quantitative findings. See Appendices III to V for summaries of the three focus groups. Three themes emerged from the content analysis: 1) achievement in spiritual well-being and meaning of life, 2) empowering capacity of transcendence, and 3) intimate relationship.

Participants reported changes in their sense of the meaning of life. One participant said: "Everyone has stories that may not always be easy to share with others. Using simple words and interactive exercises, the self-help manual showed us how to effectively open up our minds, and release the burden and grief in a step-wise manner." Another added: "The manual reminded us that there is always something important in our lives, such as our beloved families and friends, who continue to wholeheartedly encourage and motivate us. As elders, we are often too critical of ourselves and place family members before ourselves. However, the manual demonstrated the importance of taking good care of oneself and exploring the meaning of one's life despite being old."

Participants reported that they have gained sufficient competence to transfer what they had learned into other daily life practice. One participant reflected: "While working through the manual, whenever I encountered difficulties with it, I marked it down and actively sought help from others. Sometimes I asked volunteers who paid me frequent visits, or neighbors I met in the community." Another added: "I carefully packed the manual and kept it at home. When my neighbors visit me, I want to share it with them. They have shown quite an interest in the manual and excitedly borrowed it to learn from it. Most of the time, we discuss topics and our understanding of them."

Participants really appreciated the support and help provided by volunteers in the learning process. One participant stated: "As my reading ability is limited, the volunteers come and read two chapters each time. After that, I learned to review the content by myself." Another added: "Thanks to the efforts of the volunteers, we enjoyed the learning process. Acting more like companions than volunteers, they cared about our concerns and provided sufficient support besides learning."

Constructive gains reported by volunteers

Three themes emerged regarding constructive gains reported by volunteers based on content analysis. First, positive experiences of volunteering were reported. One participant said: "Each experience [of volunteering] is impressive and positive. We [volunteers] usually played the role of a facilitator, bridging the gap between vulnerable older adults and the community through the intervention process. To some extent, we were also more like mediators, using the knowledge in the manual to ease the conflicts between or amongst older adults." One participant reflected: "We put our hearts and time into each training, preparation, and volunteering session. Employing role-play in different situations, the training provided us opportunities to share concerns with each team member and learn to put ourselves into the shoes of respondents. After each volunteering session, we collected feedback and reviewed the progress among team members for further improvement. In the long run, we became increasingly familiar with the older adults, and formed intimate relationships."

Second, participants reported a positive impact on their own spiritual journey. "Prior to the visit, we needed to absorb the key messages of each session so that we would appropriately convey them to the participants. As such, I realized my dramatic change during such periods of learning. For example, I paid more attention to my physical and psychosocial well-being, and became more respectful and accepting of the differences of individuals." Another added: "I happened to experience an upsetting life event during the program. At that time, I reread the manual, which inspired and empowered me, making me feel as though I were a participant rather than an interventionist. Through embracing the approaches taught in the manual, I was able to pass through a time of darkness and suffering." Another elderly volunteer said: "As a vulnerable group in the community, sometimes we feel that we are left behind. Through the VASI program, however, we now know that this is not the case, and appreciate the many opportunities of life-long learning offered to us, encouraging us to improve ourselves and reconnect with society."

Third, the generalizability of the self-help manual was advocated. One participant reflected: "The self-help manual was like vitamins nurturing our knowledge, confidence, and skills in addition to the regular training provided to our volunteers in the center. The concrete descriptions and simple terms of the manual made each session easy to understand, appealing to more people to make full use of it as a guidebook in the present and future, and to join in the volunteerism." Another added: "Currently, most older adults live alone without sufficient social contact in the community. They urgently need care and support. From the individual perspective, improving self-help learning skills through the manual no doubt helps them to explore the meaning of their life. Furthermore, with the rapidly aging population and shrinking familial support, this is another kind of intervention for volunteers to provide care to older people in need, to help them go outside to reconnect with the community, to promote community development, and to further decrease the government burden at the social level. I highly recommend broadening this program to more communities in other districts of Hong Kong."

Feedback from interventionists on the strengths and challenges of VASI

Feedback collected from interventionists after the VASI program revealed three themes. First, structured training laid solid ground for nurturing competent interventionists. Most of the interventionists emphasized the importance of training serving as a foundation for this program and appreciated the support from Tung Wah Group of Hospitals and the research team. On top of the SSCE and SEGCE workshops, the training on the theoretical and empirical frameworks of the intervention further consolidated their confidence, knowledge, and skills. One interventionist said: "The training gave us a clearer idea of the objectives and strategies of the intervention. In view of our manpower and participant characteristics, we adjusted session plans to better fit our participants." Another added: "How do we preach the profound messages of the self-help manual more simply and effectively? This is crucial when we discuss the proper approaches in the training for our volunteers, so that they can better convey these messages to the participants later."

Second, VASI constructively strengthens STE services at DECCs by successfully bringing positive changes in the spiritual well-being of volunteers. One interventionist said: "Previously, volunteers expressed concerns about having little to chat about with the older adults they regularly visited. The self-help manual inspired them, facilitated communication with older adults, and strengthened their proactive and positive spirit even in their daily lives." Another interventionist said: "What impressed me most is that one of the elderly participants sent the card he made to his family living in his hometown. I observed that the participants felt a sense of acceptance when they got along with the volunteers, and they became more willing to go outside into the community with the full support and encouragement of the volunteers."

Third, successful factors of VASI were identified, including 1) the application of various media in volunteer training; 2) the volunteering experiences and the commitment of volunteers; 3) the volunteers' familiarity with the self-help manual; and 4) the continuous support provided to volunteers. In particular, continuous psychological and technical support between volunteer team members, and between interventionists and volunteers, was essential for ultimate success. During the review and sharing sessions, volunteers were able to share best practices of VASI implementation and learned alternative solutions for real and/or potential challenges in future. Interventionists reported that the volunteers became more confident and competent after training and continued to consolidate best practices.

Challenges in the process of VASI implementation were also identified, including recruitment of potential participants, and the capacity building of social workers and volunteers. Social workers reflected that it was hard to identify hidden or unengaged elderly who usually acted as passive or selected help-seekers in the community. This concern was raised at the recruitment stage. In most cases, volunteers joining a STE service first helped identify participants through their regular volunteerism and referred them to the interventionists. The interventionists then needed to approach them one by one to assess their availability and eligibility for VASI. The recruitment of volunteers was another challenge. Also, the capacity of interventionists and volunteers to act as service providers affected the quality of the VASI program implementation to a great extent. Hence, trainings tailor for volunteers with various levels of literacy and volunteering experiences play significant roles.

IV. The development of the mobile application "Fu Le Man Xin"「福樂滿心」

4.1 Overview

With the modern world's rapid technological development, the usage of mobile applications on electronic devices is becoming increasingly prevalent among various age groups, including the young old generation. As such, mobile applications are considered to have potentially for transforming a booklet-based self-help manual in a technology-assisted approach. Users can go through the self-help manual electronically via apps running on mobile devices. Based on the self-help manual and SSCE, users can take the opportunity to self-assess their level of spiritual well-being, and enhance it by going through interactive exercises. The structure of the sessions of the app was similar to that of the self-help manual, with eight chapters as guided by the SPM (Table 10). Importantly, the app offers a multitude of interactive media for its users to interact with, including making electronic cards, listening to music, watching landscape movie clips, and reading stories. To achieve better user-friendliness, the contents of the app are presented in a more simplified, colorful, and readable way.

Table 10 Content of eight sessions in the self-help manual and the app

Chapter	Title	Key contents and features
1	Open up Minds	Search for sources of life energy that motivate spiritual pursuit in daily life
2	Spiritual Breath	Get in touch with life energy through learning the power of breathing with music and audio instructions
3	Self-reintegration	Explore the means of self-caring in physical-psychological-social-spiritual aspects
4	Family Support	Strengthen family relations through showing appreciation by preparing an electronic greeting card
5	Friendship	Reveal meaningful relationships with others, with illustration by a song with lyrics and cartoons with dubbing
6	Forgiveness	Learn how to release the frustrations of life, illustrated by a story with dubbing; provide opportunities to prepare an electronic card that can be shared via social media
7	Harmonious Relationship with Environment	Raise the importance of maintaining a healthy lifestyle and building a balance, as illustrated by landscape movie clips
8	Round-up Session	Consolidate sources of spiritual power identified and recognized in previous chapters

Considering that developing a mobile application is an innovation in serving older adults, we have developed a centralized database system to capture data on utilization patterns, which deserves further study in future (Figure 12).

Figure 12 System architecture of the self-help mobile app
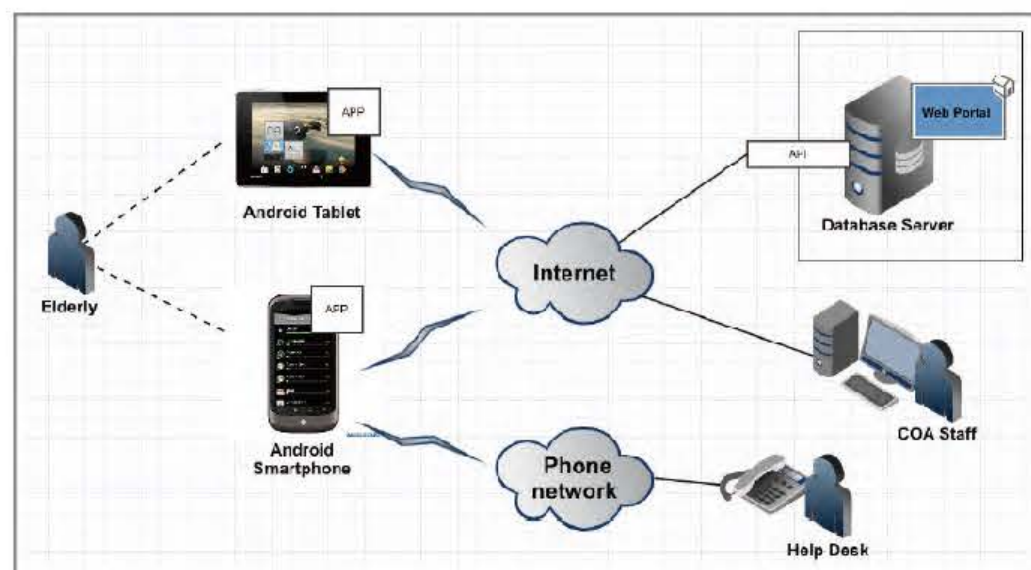
4.2 The process of app utilization

The app can be downloaded via the QR Code and the hyperlink in Appendix VI. After installing the app onto an android tablet or smartphone, new users are required to go through a registration process in which they provide their gender, age, and user classifications (e.g., center vs. individual) (Figure 13).

The process then begins with an SSCE assessment, which generates recommendations on suggested chapters for further learning. During the process, users are allowed to select any chapters they are interested in interacting with, or they can log out at any point. The process is automatically saved to resume any time in the future. Also, users are able to re-do the SSCE assessment to monitor changes in their spiritual well-being at any time.

In June 2014, quotes were requested from four potential IT suppliers for the app development. From July 2014 to March 2015, the project was implemented with a selected contractor.

Figure 13 Screen flow of the self-help mobile app
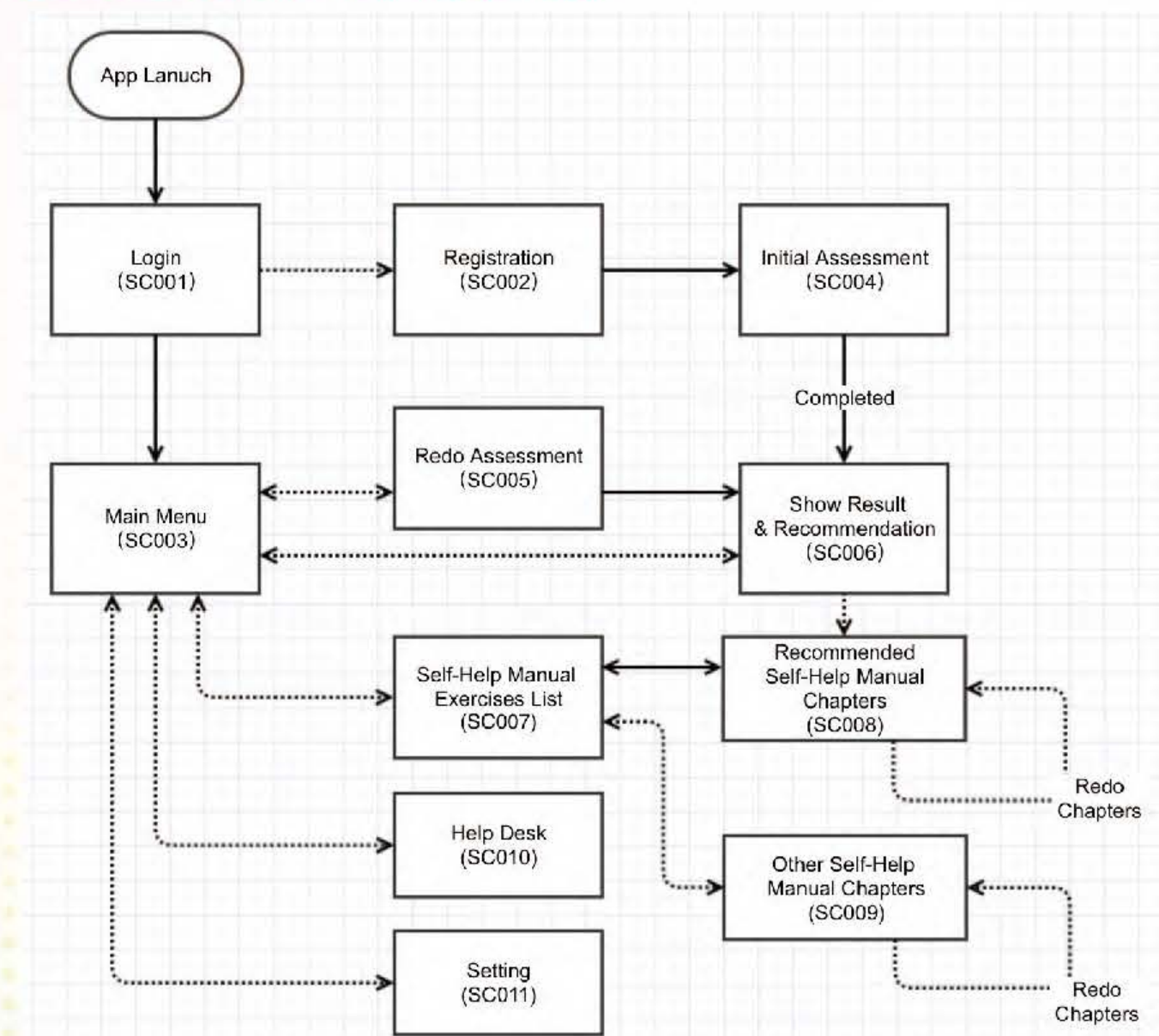
4.3 Participatory approach in the app development process

Participatory approach refers to the participation of different stakeholders in the same project in order to empower users, to transform the development, to facilitate their acceptance of new technologies promoted by the implementer, and to make the project more likely to succeed in meeting its objectives (Michener, 1998). Since elders are the group most vulnerable to digital exclusion, we believe that engaging elders in the whole process of app development can not only provide first-hand feedback on the contents, design, and functions of the app, but also empower participating elders to gain a sense of competence and self-esteem through making a contribution to technology-assistant device development.

Participation of elders was embedded in three stages of the app development, with 30 older adults recruited from two elderly service units of TWGHs during the period September 2014 to March 2015. In stage one, five older adults were engaged in providing opinions on acceptable input methods and an appropriate design suitable for older generation. Then 20 older adults were engaged in trialing a draft version of the app in stage two. A standardized evaluation form was designed to report their feedback (Appendix VII).

A refined version of the app was then tested among five older adults in the third stage. Evaluations of accessibility, feasibility, and satisfaction were collected. In terms of accessibility, older adults gave opinions on font size, visual aids as progress indicators, and simplified procedures for the card-making process. In terms of feasibility, older adults suggested adding audio files in order to minimize barriers for less educated older adults and/or older adults with limited visual ability, and/or to compensate for the small screen of some mobile devices. By and large, the older adults were satisfied with the innovative and practical design of the app, and reported that it was easy for them to understand and use it. All of them showed an interest in using the app and willingness to recommend it to peers. Social workers' views were also integrated as supplementary comments and suggestions.

V. Discussion

The demographic characteristics of the participants revealed that a significant portion of community-dwelling older adults were living alone, did not frequently engage in social interactions, and reported a sense of loneliness. The implementation of the VASI program is therefore a timely and evidence-based intervention aimed to increase their self-reliance and self-efficacy, to improve their spirituality and quality of life. The findings of the study show that the VASI program is effective in increasing the spirituality of older adults, in the domains of spiritual well-being, meaning of life, transcendence, relationship with family, relationship with others, and relationship with environment. Vulnerable older adults are able to experience improvement in their sense of the meaning of their life and reconnect to the environment through the volunteer-assistant self-help intervention.

The factors necessary to successfully implement VASI were identified at both institutional and program level. From the institutional perspective, key success factors included: 1) building the capacity of interventionists; 2) developing structured training materials for volunteers; and 3) providing timely support to volunteers and elderly participants during the VASI service delivery process. At the program level, the design of the self-help manual fit the needs of the elderly participants and volunteers. It is easy to read and understand, and is highly relevant to the daily life of older adults in the Chinese context.

We now come to the questions of who benefits the most, the level of loneliness and self-rated health. In particular, older adults who more frequently feel a sense of loneliness benefited more in terms of relationships with others after the intervention. Older adults with poor self-rated health achieved greater improvement in spiritual well-being and relationship with environment. The above results seem to suggest that the spiritual enhancement intervention brings optimal benefits to those who suffer from psychological loneliness and poor self-rated health, which is in line with the literature on the relationships between spiritual well-being and physical and psychological well-being (Carmody, Reed, Kristeller, & Merriam, 2008; Lawler-Row & Elliott, 2009; Yoon & Lee, 2006). VASI offered participants and volunteers opportunities for meaningful engagement. Through regular visits, older participants were able to open up their minds, build up relationships with volunteers, make proper use of community resources and services with the assistance of volunteers, and were encouraged and inspired to identify and recognize sources of life meaning despite encountering difficulties and challenges in their daily lives.

The feedback on the development of the app was also positive and encouraging. The app is evaluated as being innovative, accessible, feasible, and satisfactory. Older adults who were engaged in testing it showed interest in using the app further. It is recommended that the app be further tested among people of various ages and levels of technological competence to examine its external validity. Further study focused on the effectiveness of the app in spiritual enhancement is also recommended.

In view of the findings of the project, we here offer two service implications. The implementation of the VASI program greatly broadens and strengthens the services provided by the existing support teams for the elderly (STE) in Hong Kong. It is a powerful tool able to 1) target elders lacking sufficient social support or suffering from poor health; 2) enhance the quality of volunteerism by introducing a structured intervention protocol; and 3) facilitate retired older adults from the full-time bread-winners to identify their strength and spiritual meaning in facing loss or role changes. It is recommended to implant the VASI program into STE services and thereby benefit more older adults in need. Second, the app is innovative in responding to the rapid development of technology and reducing the digital divide, which can benefit the young old and/or early-retired people by improving their technological literacy.

The program can be disseminated in DECCs and NECs with technological support so that 1) older adults with private digital devices can access the app free; and 2) older adults without private digital devices can access the app in the centers.

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VII. Appendices
Appendix I Spirituality Scale for Chinese Elders (long version).

義工協助自助成效評估I_實驗組前測和對照組前測及後測　　　　　問卷編號：＿＿＿＿＿＿＿（由研究員填寫）

2014年08月11日

<div align="center">

東華三院社會服務科安老服務部
香港大學秀圃老年研究中心
長者靈性提升自助方法的成效評估

注意：此問卷填上資料後，即成機密文件，請一定妥為收存。

</div>

第一部分：

以下的問題主要係關於您嘅生命意義同生活狀態的描述，當我讀出題目之後，請您根據您自己在過去兩個星期的實際情況，在五個答案選項中(總是、經常、有時、偶爾、從不)選擇適合的答案：

		總是	經常	有時	偶爾	從不
1	您的家庭給予您生存的力量	☐	☐	☐	☐	☐
2	您感到生命十分有意義	☐	☐	☐	☐	☐
3	您每天都充滿繼續生活的力量	☐	☐	☐	☐	☐
4	對您來說，每日都是新的一日	☐	☐	☐	☐	☐
5	您覺得自己有生存的價值	☐	☐	☐	☐	☐
6	您為您過去的人生感到自豪	☐	☐	☐	☐	☐
7	您能夠跟得上社會發展的步伐	☐	☐	☐	☐	☐
8	您覺得人生充滿希望	☐	☐	☐	☐	☐
9	您有精神寄託	☐	☐	☐	☐	☐
10	當社會上有不幸的天災人禍，您更珍惜身邊的人和事	☐	☐	☐	☐	☐
11	您懂得為自己籌劃將來的事	☐	☐	☐	☐	☐
12	您關注自己的身體狀況	☐	☐	☐	☐	☐
13	您注意飲食均衡	☐	☐	☐	☐	☐
14	您懂得愛惜自己	☐	☐	☐	☐	☐
15	您關注自己的心理健康狀況	☐	☐	☐	☐	☐
16	家人主動關心您	☐	☐	☐	☐	☐
17	家人對您好	☐	☐	☐	☐	☐
18	家人支持您追求自己生活	☐	☐	☐	☐	☐
19	家人尊重您	☐	☐	☐	☐	☐
20	您有一個完整的家庭	☐	☐	☐	☐	☐
21	您欣賞家人	☐	☐	☐	☐	☐
22	當您想起您的家人，您感到滿意	☐	☐	☐	☐	☐
23	您與家人和睦相處	☐	☐	☐	☐	☐
24	您與朋友互相關懷，互相支持。	☐	☐	☐	☐	☐

		總是	經常	有時	偶爾	從不
25	您喜歡結識新朋友。	☐	☐	☐	☐	☐
26	您覺得朋友不給您面子。	☐	☐	☐	☐	☐
27	您有困難時，有朋友可以幫到您。	☐	☐	☐	☐	☐
28	您和身邊人互不理睬。	☐	☐	☐	☐	☐
29	您滿意和身邊人的關係。	☐	☐	☐	☐	☐
30	您與身邊人發生磨擦。	☐	☐	☐	☐	☐
31	您保持生活有規律。	☐	☐	☐	☐	☐
32	回顧您的一生，您已盡力做好自己的本份。	☐	☐	☐	☐	☐
33	您會因應四季的變化而照顧自己。	☐	☐	☐	☐	☐
34	您居住的地方很整潔。	☐	☐	☐	☐	☐
35	您擁有舒適的生活環境。	☐	☐	☐	☐	☐
36	您經常留意社會上發生的事。	☐	☐	☐	☐	☐

第二部分：

以下問題係一些有關感受和情緒的字詞，當我讀出題目之後，請您根據您自己在過去兩個星期的實際情況，在五個答案選項(非常、有一些、一般、輕微的、沒有)中選擇適合的答案：

		非常	有一些	一般	輕微的	沒有
1.	心安理得	☐	☐	☐	☐	☐
2.	心灰意冷	☐	☐	☐	☐	☐
3.	平安	☐	☐	☐	☐	☐
4.	絕望	☐	☐	☐	☐	☐
5.	滿足	☐	☐	☐	☐	☐
6.	自在	☐	☐	☐	☐	☐
7.	喜樂	☐	☐	☐	☐	☐
8.	怨天尤人	☐	☐	☐	☐	☐

<div align="center">

~ 問卷完，謝謝您的參與 ~

</div>

義工協助自助成效評估II_實驗組後測　　　　　問卷編號:＿＿＿＿＿＿＿＿(由研究員填寫)

2014年08月11日

東華三院社會服務科安老服務部
香港大學秀圃老年研究中心
長者靈性提升自助方法的成效評估

注意:此問卷填上資料後,即成機密文件,請一定妥為收存。

此後測問卷第一部份和第二部份與前測問卷相同

第三部分:

以下列出了靈性提升自助手冊內容,請您回答您對每一項內容有多喜歡。

		有否學習內容?		您有多喜歡以下內容? (只需要回答有學習的內容)				
		有	沒有	非常喜歡	幾喜歡	一般	不太喜歡	非常不喜歡
1.1)	敞開心靈 例如:認識力量源泉,靈性情緒面譜及所失所得的重要性	☐	☐	☐	☐	☐	☐	☐
1.2)	呼出心靈 例如:學習呼吸法	☐	☐	☐	☐	☐	☐	☐
1.3)	善待自己 例如:找出愛錫自己的方法和信心	☐	☐	☐	☐	☐	☐	☐
1.4)	家給力量 例如: 認識家人的重要性	☐	☐	☐	☐	☐	☐	☐
1.5)	深情厚誼 例如:認識朋友互相支持互相幫助的重要性	☐	☐	☐	☐	☐	☐	☐
1.6)	以德愛人 例如:放下心中的怨恨,製作寬怨卡	☐	☐	☐	☐	☐	☐	☐
1.7)	順應自然 例如:八杯水健康法,四季進補湯水,家居環境小測試及欣賞風景圖片	☐	☐	☐	☐	☐	☐	☐
1.8)	福至心靈 例如:回顧手冊內容,社區資源信息	☐	☐	☐	☐	☐	☐	☐

2.您對福樂滿心: 靈性提升自助手冊內容哪方面的印象最深刻?

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

3.您認為靈性提升自助手冊最幫到您的是甚麼?

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

4.您對於靈性提升自助手冊內容或義工探訪活動有甚麼改善建議?

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

5.由1至10分,1分代表最不滿意,10分代表最滿意,請問您對靈性提升自助手冊義工探訪活動整體的滿意度

是多少分(圈出答案)?

　　1　　2　　3　　4　　5　　6　　7　　8　　9　　10

最不滿意　　　　　　　　　　　　　　　　　　最滿意

~ 問卷完,謝謝您的參與 ~

Appendix II Spirituality Scale for Chinese Elders (short version)

義工協助自助成效評估 IV_篩選

2014年08月11日

問卷編號：_____（由研究員填寫）

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東華三院社會服務科安老服務部
香港大學秀圃老年研究中心
長者靈性提升自助方法的成效評估

注意：此問卷填上資料後，即成機密文件，請一定妥為收存。

</div>

指導語：

您好!我是香港大學/東華三院的研究員（請說出自己的姓名）。首先非常感謝您能抽時間來參與呢個由東華三院社會服務科安老服務部、香港大學秀圃老年研究中心合作進行的「長者靈性提升自助方法的成效評估」的研究計劃。今次研究主要係想瞭解長者的生命力量、生活品質等方面的問題，目的是推廣及發展靈性提升自助手冊，將其運用於義工上門探訪活動中，評估其對提升長者靈性的成效，為未來發展針對提升長者靈性的支援服務及有關的政策制定提供實證基礎。

我們很高興邀請您作為此項研究的訪問對象。我們今天大概要用您二十分鐘時間，以問卷方式進行訪問，請您根據自己的實際情況回答即可，您所給予的答案並沒有對錯之分。調查所收集的資料只會作為研究用途，而您的個人資料會絕對保密。

如您對是項研究有任何問題及查詢，請致電3917 4835與我們的首席研究員香港大學秀圃老年研究中心樓瑋群博士聯絡。

<div align="right">

樓瑋群博士
香港大學秀圃老年研究中心
二零一四年六月

</div>

判斷靈性健康是否符合參與研究計劃的準則

參加者靈性分數如符合以下任一範疇，即視為符合參加條件，請於符合的範疇方框前打 "　"，並填上參加者所得分數

是否符合	分數	判斷標準
☐	_____	第一部份問題 1-5 總分 ≤21
☐	_____	第一部份問題 6-11 總分 ≤22
☐	_____	第二部份問題 1-8 總分 ≤37
☐	_____	總分 ≤79

受訪者：　☐ 符合篩選條件的受訪者　⇨　開始進行前測問卷調查。
　　　　　☐ 不符合篩選條件的受訪者

第一部分：

以下的問題主要係關於您嘅生命意義同生活狀態的描述，當我讀出題目之後，請您根據您自己在過去兩個星期的實際情況，在五個答案選項中(總是、經常、有時、偶爾、從不)選擇適合的答案：

		總是	經常	有時	偶爾	從不
1	您的家庭給予您生存的力量	☐	☐	☐	☐	☐
2	您感到生命十分有意義	☐	☐	☐	☐	☐
3	您每天都充滿繼續生活的力量	☐	☐	☐	☐	☐
4	對您來說，每日都是新的一日	☐	☐	☐	☐	☐
5	您覺得自己有生存的價值	☐	☐	☐	☐	☐
6	您為您過去的人生感到自豪	☐	☐	☐	☐	☐
7	您能夠跟得上社會發展的步伐	☐	☐	☐	☐	☐
8	您覺得人生充滿希望	☐	☐	☐	☐	☐
9	您有精神寄託	☐	☐	☐	☐	☐
10	當社會上有不幸的天災人禍，您更珍惜身邊的人和事	☐	☐	☐	☐	☐
11	您懂得為自己籌劃將來的事	☐	☐	☐	☐	☐

第二部分：

以下問題係一些有關感受和情緒的字詞，當我讀出題目之後，請您根據您自己在過去兩個星期的實際情況，在五個答案選項(非常、有一些、一般、輕微的、沒有)中選擇適合的答案：

		非常	有一些	一般	輕微的	沒有
1.	心安理得	☐	☐	☐	☐	☐
2.	心灰意冷	☐	☐	☐	☐	☐
3.	平安	☐	☐	☐	☐	☐
4.	絕望	☐	☐	☐	☐	☐
5.	滿足	☐	☐	☐	☐	☐
6.	自在	☐	☐	☐	☐	☐
7.	喜樂	☐	☐	☐	☐	☐
8.	怨天尤人	☐	☐	☐	☐	☐

<div align="center">

～ 問卷完，謝謝您的參與 ～

</div>

Appendix III Focus group summary of elderly participants

香港大學 秀圃老年研究中心
東華三院 社會服務科 安老服務部
長者靈性提升自助方法的成效評估
實驗組

各位，大家好！

閣下現在被邀請參與一項由東華三院社會服務科安老服務部與香港大學秀圃老年研究中心樓瑋群教授合作主持的【長者靈性提升自助方法的成效評估】。本研究的主要目的是評估由義工協助使用靈性提升自助手冊的成效，為未來發展針對提升長者靈性的支援服務及有關的政策制定提供實證基礎。

若同意參與，您將會參與一次焦點小組（需時約一個半小時）。

1. 請分享義工探訪您一起學習及運用【福樂滿心，靈性提升八鍛錦自助手冊】的經驗？

- 義工上門來探我的，每次上門讀兩章我聽。

- 一個長者跟著一位義工……有些長者不是很認識字，義工就負責在我們旁邊幫我們寫或者讀。

- 這本書有位置讓我們自己填寫自己的感想……如果遇到不會寫的地方，下次培訓的時候我們會跟義工說，義工就會幫我們寫上去。

2. 在整個過程中，你印象最深刻的是什麼？您最喜歡或最感興趣是哪個環節？

- 最深刻的是自己要照顧好自己，平時只有我們兩夫妻住，子女不在身邊，所以更要自己照顧好自己，才能不讓子女擔心。

- 我認為呼出心靈這個章節最難忘，呼吸的時候將自己的壓力呼了出來，整個人都會覺得很舒服，提醒自己不要再給自己添加壓力。

- 我覺得最有趣的是書裡面要求我們繪畫怨恨圖，有些老友記在上一堂就用鉛筆畫了自己的怨恨圖，然後到下一堂，義工問我們到底怨恨是否存在，是否可以擦去怨恨圖，有些老友記表示已經放下可以擦去，有些就堅持完□不擦，還越畫越深，這個經歷對於我來說很特別很有趣。

3. 你覺得通過這個義工探訪共同學習【福樂滿心，靈性提升八鍛錦自助手冊】活動，您最大的得著是什麼？

- 我覺得這本書很有教育性，例如朋友之間相處最重要是包容。

- 學會珍惜現在目前的生活，例如對人或事的態度，如何去愛錫自己以及身邊的人。

- 過去的事情就應該放下，學會解開自己的心結，學會善待他人，凡事不要執著。

- 有好多對妹妹的感受不好意思親口跟她說，我可以選擇寫信的方式告訴她。

4. 如果要將這個服務介紹給其他老友記，您會如何介紹？哪些方面可以做好一點？

- 這本書有好多好處值得推介，尤其是適合那些比較執著、經常抱怨、缺乏家庭支援的老友記讓他們可以心情開朗豁達；

- 這本書寫得很詳盡，有文字圖畫描述好多個中意思，一般老友記都會看得明白；有義工在旁邊這種教學模式比起自己一個人讀好好多，我們有什麼不懂可以隨時間他們；

- 我認為如果可以多點圖畫，少點文字會更加吸引，彷似幼兒園的教科書；

Appendix IV Focus group summary of volunteers

香港大學 秀圃老年研究中心
東華三院 社會服務科 安老服務部
長者靈性提升自助方法的成效評估
義工

1 您曾參與運用【福樂滿心，靈性提升八鍛錦自助手冊】的義工探訪活動，請分享在這個活動全過程的體會和感受。

2 在運用【福樂滿心，靈性提升八鍛錦自助手冊】的過程中，你覺得對自己最大的得著是什麼？

- 首先我們都要學會手冊的內容，才能正確傳達給長者。

- 在運用這本小冊子的時候，身邊有一位熟悉的義工因病過世，這對於我來說打擊很大，我也嘗試在心情狀況不好的情況下，自己去重新熟讀這本手冊，以一位被訪者的角色，親身感受很大，收穫很大，自己幫自己走出困境。

- 在我們義工小組成員當中，會經常一起探討探訪的經驗、彼此的得著、大家分別所遇到的困難以及相對應的解決方法。

- 活動有系統和準備，圍繞八大章節深入淺出，在探訪的過程中可以靈活運用，得到的反應很正面和積極。

- 我們義工探訪最需要學習就是聆聽，當我們學會聆聽他們的故事，他們更願意分享。

- 每個人難免有倦怠乏力的時候，以前我會強逼自己無論再累再病也要堅持義工活動，但是學習了這本小冊子，認識到自己也要善待自己的重要性。

Appendix V Focus group summary of interventionists

香港大學　秀圃老年研究中心
東華三院 社會服務科 安老服務部
長者靈性提升自助方法的成效評估
工作員

3 你覺得義工參與運用【福樂滿心，靈性提升八鍛錦自助手冊】對長者有什麼影響？

■ 這個活動對我的得著很多，我學到很多東西，我用這本書去探訪其他長者，其實有好多長者本來不懂善待自己，凡事都是為家人著想，通過我們的探訪和學習，將善待自己的道理告訴他們，強調只有照顧好自己和愛錫自己，才有健康和機會愛錫身邊的家人；他們普遍都很受用，老人家以前很喜歡攀比，妒忌，現在也開始學習不要那麼執著。

■ 教會他們呼吸的方法，他們一開始比較有顧慮，認為自己活動能力不方便，但是通過我們的教導，他們也學懂了呼吸的方法。

■ 長者會自己主動要求和義工一同重溫感興趣的章節；給我們一個很大的鼓勵，原來老友記對於我們的探訪是有得著的。

4 如果要將這個服務介紹給其他義工，您會覺得邊一方面最值得推介？邊一方面還需要改善？

■ 總括來說，這個活動對於三個方面的人士都很有得益，包括義工本身、受訪者、義工小組之間的增值、團結和合作，□似的活動應該鼓勵多舉行。

■ 對於文盲的長者，義工投入的耐性相對較多，我們在探訪的時候要注意不要閱讀太長的篇幅，不需要引用太多高深的術語，而需要的是多點生活化的表達，多點運用色彩的圖片、動作以及遊戲的方式給予指示，在遊戲活動的當中無疑會加強彼此的親切感。

■ 這本小冊子猶如一隻強心針，給予我們義工更多的正能量，用自己的一點綿力去影響周圍的人⋯⋯如果社區居住的長者可以更加積極和樂觀，對減少政府的負擔和麻煩也起到一定的幫助；如果可以進一步優化小冊子，將其變成我們日常義工帶領手冊，加入更多新的元素在培訓當中，例如角色扮演、分組討論等等，加插更多的個案分析，以及受訪者和義工在活動的經驗和感受，補充一些學術研究，擴大受益人群，對於豐富這個活動內容起到大大的促進作用。

1 您曾參與組織義工運用【福樂滿心，靈性提升八鍛錦自助手冊】探訪長者的活動，請分享在這個活動全過程的體會和感受。

1.1 如何計畫這個活動

■ 起初知道要計劃靈性義工訓練時，就要構思適合義工的教學內容、節數、時間的長短，義工的種□及吸收程度。經與同事商議之後，決定四堂訓練義工會比較容易吸收，而在每兩堂之後舉行分享會可讓義工在分享過程中解決所遇到的困難及重溫內容、技巧。再者，為了讓義工可以更順利把靈性自助手冊的內容教予長者，故我們招募的義工大多也是有探訪經驗，而且與探訪長者有一定程度的熟悉。

■ 根據自助手冊的內容，去訂立活動目標、節數、每節主題和內容，以及計劃分組討論環節，令參加能深入淺出地學習靈性知識，亦透過角色扮演令參加者嘗試模擬探訪長者。

■ 先與義工講解此活動的目的，邀請義工參與，但願意參與的義工較少，故較難安排義工進行探訪，故工作員將上門探訪，改為小組形式進行，並由工作員帶領，義工協助。

1.2 訂立的目標

■ 透過計劃讓義工認識自助手冊的理念及實踐，同時鼓勵義工向有需要的長者提供訓練。

■ 在訂立目標時，工作員必需要自行閱讀【福樂滿心，靈性提升八鍛錦自助手冊】的內容，或參與相關的訓練。因為工作員自己親身經歷及體驗一次手冊內容，才能明白靈性是什麼。

1.3 培訓經驗

■ 在過程中因應當次的招募人數而變更培訓形式，如人數較少可以小組形式教授。如人數較多，可以講座形式教授。另外，由於每位義工的領悟能力不同，我們會邀請一些能力較高的去幫助能力較不足的義工，同時工作員每次也會有重溫環節，讓到義工也能再次重溫及經驗上堂所學到的。我們亦會用不同的工具、形式協助讓訓練更有趣及更容易理解，如角色扮演、音樂、影片、金句卡及外出去豐富教學內容。同時，我們會用不同方法鼓勵義工參與，如讚賞、心意卡、小食及證書等等。在第一堂時更會說明靈性對長者的重要，讓義工覺得自己所學的有意義及對長者有效。

■ 工作員也要按參加者不同的進度，調整每節的內容，確實都花了不少心機。而且，學歷較高者，能夠自行細閱內容，容易掌握當中的重點；學歷較低者，未能自行學習，需要較長時間去掌握，或利用分組討論，去領悟手冊的內容。

■ 必須確保義工每節出席，以學習每節教授的兩式，否則未能跟上，亦未能安排上門向探訪長者提供訓練，更要安排義工補堂。

■ 如果在上門探訪前已一次把8課內容教育義工，會對義工造成負擔，而且容易忘記後段的內容；因此，每次探訪或面談前才進行統一義工訓練，及檢討上一次面談。

■ 每節小組開始前，先向義工講解是次小組的內容，可讓義工了解如何協助長者，有助於小組的流暢度。每節小組均有「功課」需要參加者完成，鼓勵參加者完成「功課」，有助於參加者學以致用，更能發揮小組的成效。

1.4 安排探訪

■ 工作員會預先為義工們分組及進行配對，較為有經驗的義工可以自行探訪長者作訓練，而其他新加入的會每二人為一組去探訪。我們建議義工至少在第一次分享會前為長者進行第一至四式的訓練。在第二次分享會時亦應該要完成所有訓練。

■ 與被訪者聯絡，大致沒有問題，義工在時間方面亦盡量提供，且每次完成後，亦會盡量商談下次之面見安排。

■ 一次過預訂探訪□面談的時間，派發時間表予參加者及義工，方便提醒眾人及更改時間。

1.5 支援義工探訪

■ 工作員鼓勵義工可在遇到困難時可主動致電或到中心詢問，亦設立兩次的分享會，透過互動的形式讓義工分享當中的困難、感受，及起互相支援的作用。對於一些沒有探訪經驗的義工，工作員亦會陪同義工上門探訪一次作支援。另外，工作員也製作一些反思表讓義工每次探訪完結後也作總結及反思。但由於每位義工的技巧、表達及吸收能力不同，工作員也較難每一組每一次去觀察及跟進，要視乎義工個人的誠信及能力才可達到最佳成果。

■ 安排大部份義工及長者在中心進行面談，只有少數如行動不便的長者在探訪，讓義工有即時支援。每次面談前再與義工進行簡介，重溫重點，部份工作員會陪同義工一齊進行，以示支持。

2 在組織義工運用【福樂滿心，靈性提升八鍛錦自助手冊】探訪長者後，你觀察到這個活動對義工和長者分別有什麼影響？

2.1 義工

■ 義工也分享過自己可以增進更多知識幫助自己，如腹式呼吸等的應用。另外，裡面的正面內容亦都強化義工的正面思維，如善待自己、寬恕別人、家人、朋友的相處等等都讓義工在個人層面上得到幫助。再者，義工以往多數與長者談生活閒事，學習自助手冊後，義工可以增加與長者的話題，同樣可以與長者更深入談話，增加大家的感情。部份義工能應用在日常生活中，如製作心意卡送給家人。有些義工更表示愛錫自己多一些和珍惜身邊的家人和朋友。有些義工更第一次參與義工服務，故此也能展開新義工經驗給他們。

2.2 長者

■ 探訪長者大多為獨居長者，他們的支援薄弱，較少與人傾談自己的感受及過往的鬱結。透過義工教授自助手冊，長者除了有義工關心之外，自助手冊一些內容可令長者變得更正面，如善待自己及寬恕別人。同樣，第四式及第五式則鼓勵長者可主動聯絡家人及認識新朋友，這些都可以提昇長者外出的動力及增強支援。另外，長者也會更了解靈性的重要性。

■ 長者領悟能力參差，但對於靈性有了簡單的認識，他們都很喜歡做腹式呼吸法，因為可以隨時隨地做，更有助強身健體。而自助手冊中的愛自己一章，他們都十分喜歡，因為他們明白多愛錫自己就是提升靈性最簡易的方法之一。

■ 長者笑容較以往多。

3 在組織義工運用【福樂滿心，靈性提升八鍛錦自助手冊】探訪長者的過程中？

3.1 最成功的要素是什麼？

■ 工作員本身也熟悉靈性的概念及有經驗，教導義工的時候能更有信心及可舉更多不同的事例豐富教授內容。另外，工作員亦運用不同的媒介豐富課堂，如先前提到的角色扮演、音樂、影片、金句卡及外出等等。再者，令到義工投入及持久地參與也是一大成功要素，工作員會利用不同讚賞、證書及鼓勵支援讓義工提昇其自信心。

■ 義工對自助手冊內容熟悉，而且自行練習□做了自助手冊的內容。

■ 義工必須據有學歷、義工須有學習這題目的興趣、其情緒要正面和積極。

■ 由於中心義工年紀較大，教育程度亦不算太高……故工作員將義工的角色轉為協助者，讓他們有信心協助過程，另外，因願意協助的義工人數不足，故工作員亦將探訪長者改為小組形式進行，讓工作員較易掌握各長者的進度，義工亦能在小組擔任協助者的角色。

3.2 遇到的最大困難是什麼？

■ 在訓練過程中也領會到有些義工未能吸收及有責任地完成，但工作員也較難每次探訪也都陪伴在側。
而且亦有些義工未會主動發問及澄清自己是否能理解。

■ 長者和義工學歷有所不同，對於一些較深奧的內容，有部份長者和義工都難以掌握。

■ 長者不懂文字、製作心意卡、表示家人已離世，沒有家人、義工表示長者很困難相約探訪。

3.3 你是如何克服的？

■ 工作員加強每堂重溫及以不同生活化的例子去說明，而且分享會也讓每一位義工也有機會參與討論及
分享。每次探訪完結後義工也都需要填寫反思表讓義工增加其主動性發問及思考內容。

■ 工作員利用分組討論，引用生活例子，讓長者和義工互相討論和幫助去領悟手冊內容。

■ 由義工講解手冊內容、義工協助與長者一起製作心意卡、而家人離世則建議他們想想身邊親戚朋友也
是家人之一。另多鼓勵義工在不同時段如早、午及晚嘗試聯絡長者或分享義工自身的經驗給長者，讓
他們多點明白和了解。

3.4 有□些可以做得更好？

■ 由於需要在最後分享會前完成對長者的訓練，以致令義工需要按照中心進度教導長者，但每位長者的
吸收程度不一，未必每位長者也能完□明白自助手冊內容。下次舉辦分享會時可與上一堂分隔兩星期，
讓義工能多點時間教導長者，長者也能慢慢吸收。

■ 製作不同款式的金句卡送給義工或探訪對象─製作CD□送給義工/長者如何做腹式呼吸法及加插純音樂
在當中 (上述安排當然在預先的財政費用內)。

4 如果其他單位的同工向你瞭解這個服務，您給他的三個tips是：

■ 1）工作員需要對靈性自助手冊熟悉，而且可以自己先行體驗手冊內容，可更有自信作教導。

　2）義工的管理十分重要，例如：如何增加其動力？減少流失？質素及自律的監察？因為對於文盲的
　　　長者，義工是否吸收及正確地傳達靈性訊息是十分重要。

　3）工作的分配，由於義工比專業同工需要較長時間吸收，故此共六堂訓練加分享會為基本節數，完
　　　成整個訓練也需要兩至三個月時間，而且對於義工的支援也十分重要。

■ 1）「自助手冊」只是一個參考，建議工作員了解自己的帶組方式，尋找合適的材料帶組。

　2）選擇合適義工是小組的成功關鍵之一。

　3）可到戶外帶組呀！可建議各人預備少許食物，有助於他們對小組的投入。

5 請問就我們剛剛分享的問題，你有沒有哪些還要補充的？

■ 由於自助手冊的對象為長者，如需要推廣至義工去教導長者，可以再設計一本為教學手冊讓義工能自
行學習並對有需要的人作出訓練。

## Appendix VI Procedure for using the app

1.1 Installation

This SSCE App can be downloaded and installed from the installation webpage by scanning the QR code or input the URL directly. In the installation webpage, a user can press either the image or 「下載Android手機程式」 button bar at the bottom to start downloading the App.

URL for App installation: http://elderspirituality.tungwahcsd.org/download.php

1) QR code for App installation:

2) The installation Webpage for downloading the App:

1.2 User Registration
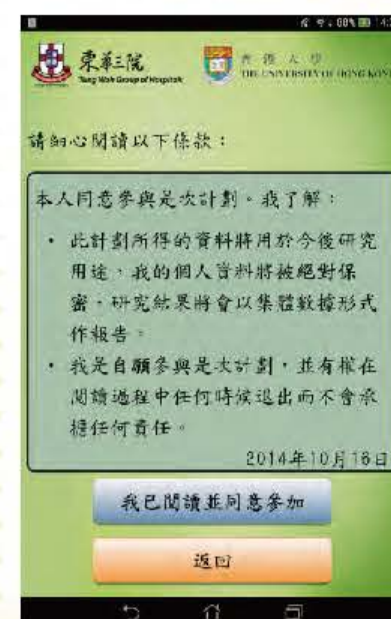
1.2.1 Registration for a Center User:

1.2.2 Registration for an Individual User: An Individual User will automatically log in the App without password.

1.2.3 Confirmation for registration:

1.3 Login

Example: Login as Center User:

1.4 Main Menu

① Log out the App for a Center User

② Make a hotline call whenever a user need help for using the App

Main Menu

Hotline Page

1.5 Assessment 「熱身練習」

Answer each question by pressing one of the five choice icons:

The App automatically goes to the next question by default. A user can also go back the previous question and go to the next question manually by pressing 「上一題」 and 「下一題」 icons.

Assessment Page

1.6 Result 「健康指數」

Show the pre-assessment result 「上次測試」 and the post-assessment result 「今次測試」:

③ Give user feedback

④ Start the exercises

Pre-assessment Page

Exercise Page

1.7 Exercise 「八鍛錦招式」

Menu page of the Exercise part with total eight chapters included:

⑤ Mark the recommended chapters

⑥ Have completed exercises in the chapter

⑦ Have not completed exercises in the chapter

⑧ Go to Main Menu page

Exercise pages in the chapter:

⑨ Play / mute audio in the exercise page

⑩ Scroll down for end of the exercise page

⑪ Go back the previous exercise page

⑫ Go to the next exercise page

In the Exercise part, six major input methods are provided for a user to do the exercises, including 1.7.1 Selection, 1.7.2 Text input, 1.7.3 Video play, 1.7.4 Drawing, 1.7.5 Embedded YouTube link and 1.7.6 Lucky pouch.
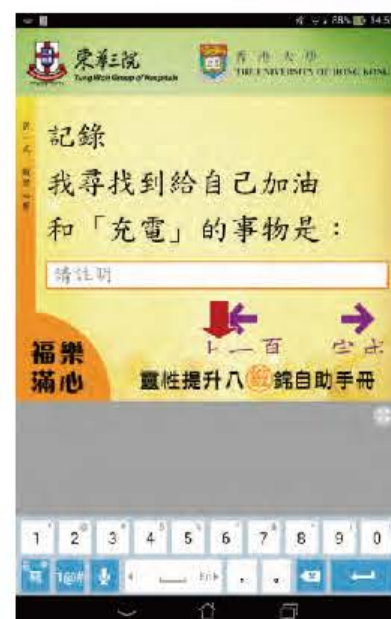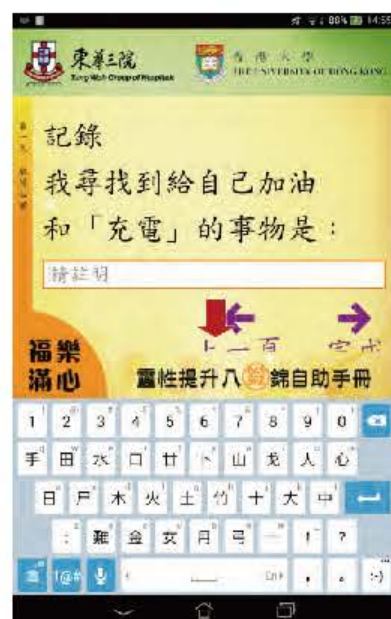
1.7.1 Selection

  Select checkbox or press icons for selection:

1.7.2 Text input

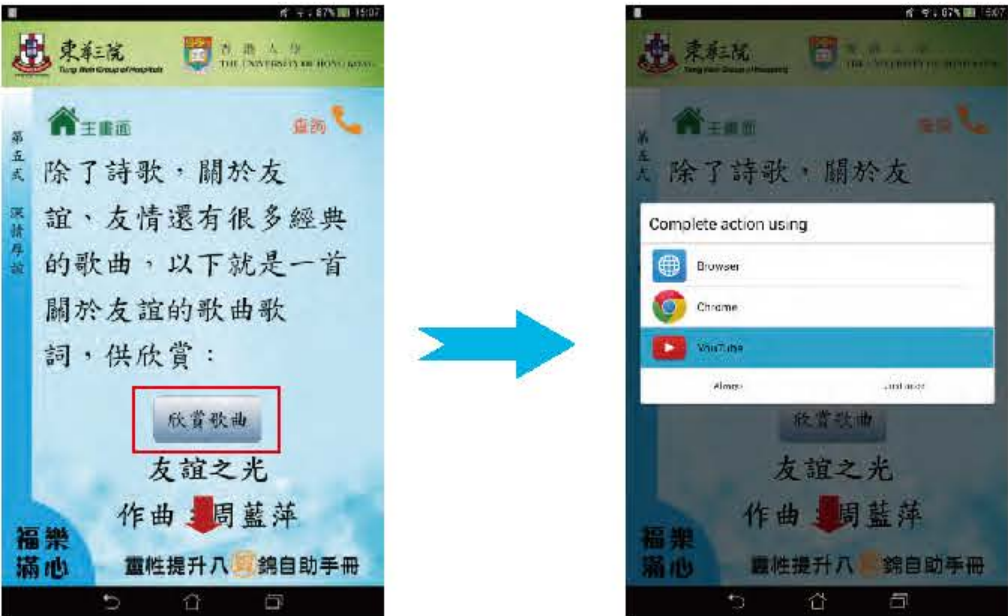Input text by using the input method provided by the tablet / smart phone:

1.7.3 Video play

Press button or image for playing video and press back icon for stop:

1.7.4 Drawing

1.7.5 Embedded YouTube link

1.7.6 Lucky pouch 「錦囊」

(13) 「錦囊」information is shown for a completed chapter;

(14) For a chapter which has not been completed, 「錦囊」information is not shown.

A user can press the image to go to the corresponding chapter.

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